# DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH CHILD CARE FACILITY INSPECTION REPORT

INSPECTION RE	INSPECTION REPORT				
REASON GRADE Inspection Date: ESTABLISHM Regular   OS 16 20 6 CSS-AUSE	ESTABLISHMENT NAME: CSS-ALGE STELLER FOR ABUSED CHLOREN				
Follow-Up 5 Time In/Out: OWNER/OPE					
Investigation RATING [0.55] II.07 LOCATION:	Establishment Type:  +0 STER GROVE PAY CAPE				
20000-160003817 PERMIT STAT					
The state of the s	nse: No.: 10081 / / Valid / / Provisional / / Expired				
The following items identify violations found this day in the operation or sooner as the Department indicates. Non-compliance may be a written request for hearing must be submitted.	ay result in downgrading or permit suspension. To appeal perfore the indicated correction date.				
ITEM* REMARKS	ARKS DEMERIT CORRECT BY				
A REGULAR BUMPATERLY INSPECTION WAS CONDUCTED TODAY. SOME					
VIDIATIONS FROM PREVIOUS MISPECTION (11/8) DATED 05/11/2016					
WERE CORRECTED - MEMI # 24 & # 34; HONEVER, VIOLATIONS					
OF ITEMS # 13 & # 31 REMAIN UNCORPETURO. THE POLLOWING					
WINE ALLOWING TOWN:					
13 NO PAYER DINES PRINIDED IN HONOWIGHT	16 SINKS IN ROOMS REPEAT D8/26/2016				
19.2					
INDIVIOUAL PAPEX TOWERS SHAW HE PROMPED TO PROMPTE					
PROPER HANOWASHING.					
PAIRE IMMONIPHING					
17 PATINT PETLING ON WAY OF DINING AREA	2 08/24/2016				
WALL STORE BE KENT CLEAN AND IN GOOD REPAIR					
White the test one to the control of	650505				
31 BOYS' CABINET IN ROOM I AND KITCHEN	CASINET LAIDER THE 2 08/24/2014				
MICHANT IS IN DISNEPAIR; NO THAT PUBLIFOR ELECTRICAL					
ONTLET IN THE DINING AREA (COS)					
	AN AREAS, FACILITIES, AND EQUIPMENT STIPL BE KEPT				
IN NEAT, CLOWN, AND SANDARY CONDITION					
PICTURES OF VIOLATIONS WERE TAKEN. BRIEFED PIC, JO BRUB, ON HAYB.					
DANKAROG OUS TO ASSEST VINADONS OF	DOWNGRADE OUT TO REPEAT VIOLATIONS OF ITEMS # 13 8 # 31;				
ROMINED "B" PLACARD AND ISSUED "C" PLACARD NO. DOIDG & LETTER OF WARNING.					
I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.					
*Note: When any of the following items are Received By (Name & Title):					
cited above, they shall be corrected within  10 days of this inspection:  DEH Inspector (Name & Title):					
(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40). WILLIAM NAVATURO, BYIN I					

## CSS - Alee Shelter for Abused Children / August 16, 2016

By: L. Navarro



Boys' cabinet in Room 1 is in disrepair



No paper towels in restroom in Room 2



No paper towels in restroom in Room 3



Paint peeling on wall in dining area

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By: L. Navarro



Close-up of peeling wall paint in dining area



Broken cabinet doors in kitchen area



#### **DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES**

GOVERNMENT OF GUAM P. O. BOX 2816 HAGATNA, GUAM 96932



			Date:	16/2016
				1
4				
CSC - AUDE SAFE LTD Name of Establishm		CHUPEN	W.	
As a result of this inspection,	your establishment rece	nved a:		
			*	
LETTER OF WARNI	NG .	(Demer	/Grade Points)	-
us a written request implemented. If we inspection after ten	cted all violations cited of for re-inspection to incide not receive a written re- (10) Government of Guve measures have been to	lude a description of e-inspection request in uam working days in	the corrective measures from you, we will condu	that you have ct a follow-up
Failure to correct vio	lations may result in the o	closure of your estab	ishment pursuant to sec	tion 21109(b)
☐ NOTICE OF CLOSU	RE y			-
		(Dement	Grade Points)	
us a written request implemented. Unl remain closed unles	cted all violations cited on for re-inspection to inc ike an establishment whis a written request for rathin five (5) Government	lude a description of no has received a let re-inspection is made	the corrective measures ter of warning, an estab . Under 10GCA §2110	s that you have dishment shall 19(b), you may
We look forward to working of further assistance, you can re-	losely with you as partneach us at 735-7215 or (	ers in promoting hea fax) 734-5556. Si Y	ith and sanitary practice u'us Ma'ase.	s on Guarn. If you need
		Sincerely,		
	P	Director	maron	
Issued By: LOWN Name of ins			ReceivedBy: Stablish	BA himent Representative